

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKNan Terrie

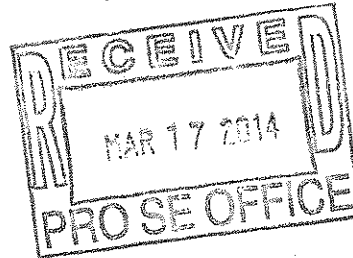
(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

City of New York
Da Brando Court
Police Office at 111 Centre
St NYC

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Jury Trial: ☒ Yes ☐ No
(check one)Moving Case # 122466
From Claim of Court
to Federal Court

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Nan Terrie
 Street Address 2759 Webster Ave #269
 County, City Bronx NYC 10458
 State & Zip Code 10458
 Telephone Number (413) 489-1793

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Street Address

Da Brando's Police Officer @ 111 Centre St Officer
Supervisor 111 Centre St NYC

Rev. 05/2010

County, City NY
 State & Zip Code NY
 Telephone Number _____

Defendant No. 2 Name City of New York - Attorney John Hunter
 Street Address 120 Broadway
 County, City NY, NY 10271
 State & Zip Code 10271
 Telephone Number 212 416 8502

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

Religious Rights, Disabilities, Assault and Battery & so forth
Constitutional, Aboriginal Treaties, Ancestors Laws

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

Rev. 05/2010

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 111 Centre Street
nyc, housing Court Lobby in Manhattan

B. What date and approximate time did the events giving rise to your claim(s) occur? _____
January 17, 2013

C. Facts: I Was Assault, Humiliate, Violate, By
housing Court police Enforcer IDA Brando
on January 17, 2013 between 10A - 11:45A

What
happened
to you?

Who did
what?

Was anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Psychological Suffering,
Pain, Headaches & Bruises; My primary doctor
prescribe me Migraine headaches &
a cream for my Bruise

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

i just finish housing Court
 Judge Soto i respect her but i demand \$50 millions
 dollars for what i went through & DA
 Brando refused to admitted wrong long being
 under oath twice:
 there's evidences audio/video for this Case
 trial that took place today March 17 2014
 at 10 Am i will like ask the Court
 to grant me Permissions to Submit the evidences
 as an exhibit into this Case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of March 2014.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

M. terne
all right reserved
 2759 Webster's Ave L69
 Bronx NYC 10458
 (413) 489-1993

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

STATE OF NEW YORK : COUNTY OF New York
 CITY OF Ny : CITY COURT
 IN THE MATTER OF:

PLAINTIFF / PETITIONER

Nan Terrie
 vs.

City of New York

DEFENDANT / RESPONDENT

DOCKET NUMBER: 122466

() CIVIL SUBPOENA

() CRIMINAL SUBPOENA

(☒) SUBPOENA DUCES TECUM

TO: Housing Court 111 Centre St NYC
Attention: Barry Clark at 100 Centre Room 1000
(646) 386 3000

YOU ARE HEREBY COMMANDED THAT, ALL BUSINESS AND EXCUSES BEING LAID ASIDE,

() TO APPEAR BEFORE THE CITY COURT JUDGE OF THE CITY OF New York LOCATED AT
26 Broadway ON MARCH 17, 2014 AT 9:30 AM TO TESTIFY AND
 GIVE EVIDENCE IN THE ACTION OR PROCEEDING THERE PENDING AND BRING WITH YOU AND PRODUCE AT THE TIME AND
 PLACE AFORESAID, THE FOLLOWING:

Nan Terrie am requesting for the video record at 111 Centre St NYC
Housing Court for Jan 17, 2013 between 9A - 11AM, also I nan Terrie am
requesting video record for 12/31/2013 at 111 Centre St NYC between 9:30A - 11AM
as the same Policy enforce Brandon JDO shuffle a client who was at the Court house

(☒) SUBPOENA DUCES TECUM TO PRODUCE AT THE Chambers Court CITY COURT LOCATED AT
26 Broadway ON OR BEFORE MARCH 1, 2014 AT
10 AM THE FOLLOWING RECORDS; NO PERSONAL APPEARANCE NECESSARY:

I will like to have 3 Copies for those 2 dates:
1 Copy send to Judge Soto Chamber Office for evidence for trial
1 Copy send State Attorney John M. Hunter ASS. State Attorney at
20 Broadway, NYC 10271 and My Mailing Address Nan Terrie 275 96th St
1469 Bx 96 NYC 10413, Judge Soto 26 Broadway 10th Floor

FAILURE TO COMPLY WITH THIS SUBPOENA SHALL DEEM YOU GUILTY OF CONTEMPT OF COURT.

DATED:

CLERK OF THE COURT

CITY COURT JUDGE



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL
CLAIMS BUREAU

Tel. No. (212) 416-8500
Room No. 12-A-62

August 19, 2013

Re: Nan Terrie v. State
Claim No. 122466

Nan Terrie
2759 Webster Avenue, Apt L69
Bronx, NY 10458

Dear Mr. Terrie :

Enclosed herewith for service upon you, pursuant to Section 130-1.1a of the Rules of the Chief Administrator (22NYCRR), is a copy of the defendant's **Response to Combined Demand (Respond's)** in the above-entitled matter.

Very truly yours,

JASMIN ANDUJAR
Law Dept. Document Specialist
Trainee 1
Claims - NYC

Enclosures
cc: John M. Hunter, AAG



Court of Claims State of New York

ROBERT ABRAMS BUILDING
FOR LAW AND JUSTICE
BOX 7344, CAPITOL STATION
ALBANY, NEW YORK 12224

(518) 432-3411

Richard E. Sise
Presiding Judge

March 22, 2013

Robert T. DeCataldo
Chief Clerk

Nan Terrie, Pro Se
2759 Webster Ave #L69
Bronx, NY 10458

Dear Sir/Madam:

This will acknowledge receipt in this office on March 7, 2013 of the claim of:

NAN TERRIE v. THE COURT POLICE OFFICER, ETC.

Said claim has been filed in this office as of March 7, 2013, subject to whatever legal objections may apply thereto and has been given:

Claim No. 122466

It is our determination that this claim accrued in New York County. In accordance with the provisions of the Individual Assignment System, this claim has been assigned to:

Hon. Faviola A. Soto
Phone No. (212) 361-8160

All inquiries regarding this claim shall be made directly to the assigned judge.

Please continue to file all pleadings with the Clerk's office in Albany (Uniform Rules for the Court of Claims §206.5). Filings may be made by personal service, mail or by facsimile transmission pursuant to §206.5-a of the Rules. The Court of Claims' fax filing number is 1-866-413-1069. Visit the Court's website listed below for additional information.

Very truly yours,

Robert T. DeCataldo
Chief Clerk

RTD/cmb
cc: Office of the Attorney General

www.nyscourtofclaims.state.ny.us

| | |
|-----------|--------|
| 15906 | 50.00 |
| RECEIPT # | AMOUNT |

TERRIE, NAN

CLAIMANT

RECEIVED FROM
TERRIE

RECEIPT
NYS COURT OF CLAIMS
P.O. BOX 7344
CAPITOL STATION
ALBANY, NY 12224
(518) 432-3918

☐ C=CASH
☐ CK=CHECK
☐ CC=CREDIT CARD
☒ MO=MONEY ORDER

- CODES**
- ☒ A. FILING FEE
 - ☐ B. SANCTIONS
 - ☐ C. SURPLUS
 - ☐ D. PHOTOCOPIES
 - ☐ E. REFUND
 - ☐ F. OTHER

[Signature]

RECEIVED BY

15906

122446



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL
CLAIMS BUREAU

(212) 416-8502

February 14, 2014

Re: Terrie v. State of New York
Claim No.: 122466

Nan Terrie
2759 Webster Avenue, Apt. L69
Bronx, New York 10458

Dear Ms. Terrie:

I am returning the original and copy of your deposition transcript which was forwarded to you, with instructions, on December 20, 2013. Kindly follow those instructions and return the signed and notarized original transcript. Additionally, I am returning Court Officer Ida Brando's signed and notarized deposition transcript (see page 29).

Very truly yours,

A handwritten signature in black ink, appearing to read "John M. Hunter".

JOHN M. HUNTER

Assistant Attorney General

Enclosure

STATE OF NEW YORK
ATTORNEY GENERAL
MANAGING CLERK'S OFFICE
RECEIVED
2014 MAR 14 PM 3:57

STATE OF NEW YORK: COURT OF CLAIMS

Nam Terrie, Pro Se

Claimant(s),

-against-

State of New York

Defendant.

PRELIMINARY CONFERENCE
STIPULATION & ORDER

BS

Hon. Faviola A. Soto

Claim No. 122466

APPEARANCES

Claimant(s): Nam Terrie, Pro Se

Defendant: State of New York

By: John M. Hunter, Assistant Attorney General

It is hereby ORDERED that disclosure shall proceed as follows:

(1) Bill of Particulars:

- (a) Demand for a bill of particulars shall be served by already served on or before
- (b) Bill of particulars shall be served by July 3, 2013 on or before to be filed with clerk in Albany.
- (c) A supplemental bill of particulars shall be served by as to items on or before

(2) Medical Reports and Authorizations:

Shall be served as follows: defendant to serve within 30 days
claimant to sign & return within 45 day copy 2013
to A.G. August 7, 2013

(3) Disclosure:

- (a) All parties, on or before July 3, 2013 shall exchange names and addresses of all eye witnesses and notice witnesses, statements of opposing parties, and photographs, or, if none, provide an affirmation to that effect.
- (b) Authorization for claimant(s)' employment records for the period if claim for lost wages 7/3/2013 shall be furnished on or before
- (c) Demand for discovery and inspection shall be served by on or before . The items sought shall be produced to the extent not objected to, and objections, if any shall be stated, on or before
- (d) Other interrogatories, etc. claimant to serve defendant with demand for discovery & inspection by July 3, 2013. Defendant has 45 days to respond
* defendant already served demand for discovery - inspect. claimant to respond on or before July 3, 2013

(4) Depositions: Depositions of

Claimant(s) Defendant(s) All Parties shall be held

(5) Physical Examination:

(a) Examination of defendant reserves right to shall be held(b) A copy of the physician's report shall be furnished to claimant(s) within days of the examination.

take physical examination
unless no physical injuries or damages alleged

Case Name: Terrie v State Claim No. 123,466 PC ORDER Page 2

(6) Compliance Conference: Shall be held on September 16, 2013
 (7) Conferences: If an earlier conference is requested, Counsel shall promptly at 10:00 a.m. contact Chambers by letter or joint telephone conference (212-361-8160), setting forth the specific reason(s) for the request.

(8) Motions: a) Jurisdictional Motions: _____
 (b) Discovery motions: Counsel must contact Chambers, by letter or joint telephone conference (212-361-8160), before bringing any disclosure motion.
 (c) Impleader: _____
 (d) Other motion(s): _____

(9) Trial will be: X Bifurcated _____ Unified

(10) End date for Discovery/ Note of Issue: Claimant shall file a note of issue/certificate of readiness on or before _____

(11) Related Action Pending or Contemplated? : No _____ Yes _____
 If instituted: Case Name: _____, Index # _____
 County and Court: _____

Counsel shall be familiar with and advise Court of status, dispositive motions, trial or settlement of related action.

(12) Translator necessary at trial? _____ Language _____

Additional Directives:

Applicable: Yes _____ or No X : For additional directives, see p. 3

FAILURE TO COMPLY WITH ANY OF THESE DIRECTIVES MAY RESULT IN THE IMPOSITION OF COSTS OR SANCTIONS OR OTHER ACTION AUTHORIZED BY LAW.

In Proptia Persona
Nan Princess Goodless Isis Ma'at Imtep
 Attorney for Claimant(s) Gen. Terrie Elbez

ERIC T. SCHNEIDERMAN
 by: JOHN M. HUNTER
 Attorney for Defendant John M. Hunter

SO ORDERED:

Dated: May 28, 2013

FAVIOLA A. SOTO, J.

STATE OF NEW YORK
ATTORNEY GENERAL
MANAGING CLERK'S OFFICE
RECEIVED

2014 MAR 14 PM 3:56

Here's the pictures
you requested, I mail
them out and am
dropping 210 copies.



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL
CLAIMS BUREAU

(212) 416-8502

December 20, 2013

Re: Terrie v. State of New York

Claim No.: 122466

Nan Terrie

2759 Webster Avenue, Apt. L69

Bronx, New York 10458

STATE OF NEW YORK
ATTORNEY GENERAL
MANAGING CLERK'S OFFICE
RECEIVED
2014 MAR 14 PM 3:57

Dear Ms. Terrie:

Enclosed with this correspondence are the original and one copy of the transcript of your recent deposition testimony in the above-captioned action. Please sign the original transcript in the designated area on page 77 of the transcript. If any changes are necessary, they must be made on the errata sheet which is located on page 80 of the transcript. Please do not make any changes, whatsoever, on the transcript itself.

Both the transcript and any changes must be executed in the presence of a Notary Public. Thereafter please return the original transcript to me.

Finally, please take notice that pursuant to CPLR 3116 (a), your failure to return the

120 BROADWAY, NEW YORK, NY 10271 • PHONE (212) 416-8500 • FAX (212) 416-8946 • WWW.AG.NY.GOV



New York City Comptroller
John C. Liu

Office of the New York

Form Version: NYC

Personal Injury Claim Form

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your right.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

☐ Attorney is filing.

Attorney Information (If claimant is represented)

Last Name:

First Name:

Relationship to the claimant:

Teiruo
Nan
Self & Working group members

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

Claimant Information

*Last Name:

*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Phone:

Email Address:

Occupation:

City Employee? ☐ Yes ☐ No ☒ NA

Gender

☐ Male ☐ Female ☒ Other

City Agency(s) Involved

City Agency

Involved 1:

City Agency

Involved 2:

City Agency

Involved 3:

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Attach
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IC
*Denotes

I, Nan Teruo, sue the Court Pol
at 111 Centre St, NYC, for Violat
my Constitutional rights this Mor
between 10Am - 11.45Am was

* Denotes required field(s).

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York
Court of Claims

FILED

122466 03-713

STATE COURT OF CLAIMS
ALBANY, NEW YORK

Nan Ferris

Claimant(s)

The Court Police Officer @ 111 Centre St NYC
Frederick Brendo D'Ale
Supervisor

Claim

Defendant(s)

1. The post office address of the claimant (you) is Bronx NYC 10452 10458 2759 Webster Ave A 269

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

Please read
the attachments

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at 11:45 o'clock Between

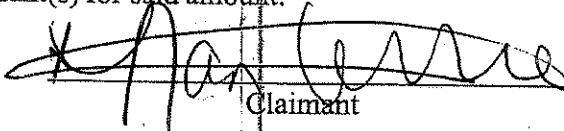
5. Identify the items of damage or injuries claimed to have been sustained:

| | |
|--|--|
| | |
| | |
| | |

6. (Check appropriate box):

- ☒ This Claim is served and filed within **90 days of accrual**.
OR
☐ A Notice of Intention to File a Claim was served on _____, which
was within 90 days of accrual.
OR
☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of
personal property and it is served and filed within **120 days of the exhaustion of**
claimant's administrative remedies.

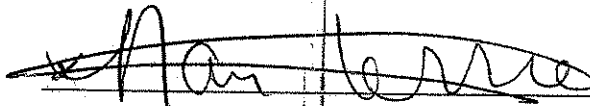
By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and
Claimant demands judgment against the Defendant(s) for said amount.


Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF NY

Nan Terrie, being duly sworn, deposes and says that deponent is
the Claimant in the within action; that deponent has read the foregoing Claim and knows the
contents thereof; that the same is true to deponent's own knowledge, except as to matters therein
stated to be alleged upon information and belief, and that as to those matters, deponent believes it
to be true.



Sworn to before me this ____ day
of _____.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file
the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction
of the filing fee, with the Clerk of the Court of Claims.

**FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF
YOUR CLAIM**

New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York
Court of Claims

Non terrie

Claimant(s)

the court police officer @ 111 Centre st nyc **Claim**
officer name Brando 3D a her Defendant(s)
Supervisor

1. The post office address of the claimant (you) is 2759 Webster Ave AL
Bronx nyc 10458 10458

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

Please read
the attachments

3. The place where the act(s) took place is (be specific):

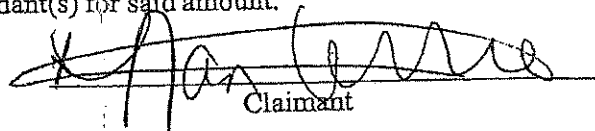
4. This claim accrued on the 17 day of January, 2013 at Between 11:45 AM & 10:00 o'clock.

5. Identify the items of damage or injuries claimed to have been sustained:

6. (Check appropriate box):

- ☒ This Claim is served and filed within 90 days of accrual.
OR
☐ A Notice of Intention to File a Claim was served on _____, which was within 90 days of accrual.
OR
☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within 120 days of the exhaustion of claimant's administrative remedies.

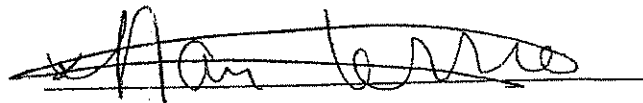
By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and Claimant demands judgment against the Defendant(s) for said amount.


Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF NY)

Nan Terrie, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.



Sworn to before me this ____ day
of _____.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM

New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411

State of New York
Court of Claims

Nan Terrie

Claimant(s)

v.

The Court Police Officer
Officer Nore Brando 509 a
Defendant(s)

Affidavit of Service

Claim No. 111 Cent

Assigned Judge: W. J. ...

State of New York
County of Nye

ss:

Nan Terrie

being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 25th, 2014, I served a true copy of the attached Nan T in the following manner:

(For a Claim): Claim form against Police off

☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR

☐ by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Nan Terrie
(Signature)

Sworn to before me this 25th day
of February, 2014

Richard B. Minor
Notary Public

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County

State of New York
Court of Claims

DIN No. _____, Claimant,

Nan Terrie
v.

Affidavit in Support of Application
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York, Police Officer @ 111 Centre St.
after name change to [illegible] Defendant.

State of New York

County of NYC ss:

I, Nan Terrie, being duly sworn, hereby declare as follows:

1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: _____), and I submit this affidavit to support my application for a reduction of the filing fee.

2) I currently receive income from the following sources, not including correctional facility wages:

3) I own the following valuable property (other than miscellaneous personal property):

☒ NONE

☐ List property:

Value:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4) I have no savings, property, assets or income other than as listed above.

- 5) I am unable to pay the filing fee necessary to prosecute this proceeding.
- 6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.
- 7) The facts of my case are described in my claim and other papers filed with the court.
- 8) I have made no other request for this relief in this case.

Sworn to before me this 25 day of Feb. 2013

Notary Public

(signature)

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County
Commission Expires June 5, 2014

AUTHORIZATION

I, _____, inmate number _____, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

(signature)

THIS DOCUMENT CONTAINS A TRUE AND FAITHFUL COPY OF THE ORIGINAL DOCUMENT
WESTERN UNION FINANCIAL SERVICES INC. ISSUER
Englewood, Colorado

WESTERN UNION MONEY ORDER
14-650100574

Q 171998 D 020113
1 1530 01
146501005748 L 0000000 \$ 50.00

PAY EXACTLY FIFTY DOLLARS AND NO CENTS
PAY TO THE ORDER OF *West Shot County Clerk* PAYMENT FOR ACCT. #

759 Webb Street Englewood, CO 80110

⑈102100400⑈ 40146501005748⑈

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Index Number

Nan Terrie

Plaintiff

- against -

AFFIDAVIT OF SERVICE after
COMMENCEMENT of LITIGATION

Landlord's Tenant Court
Police Officer of Court @ 111 Centre St NYC, Name Brando De
Police Officer of Court @ 111 Centre St NYC, Name Brando De

STATE OF NEW YORK, COUNTY OF Manhattan, NYC ss:

I, [name of person who served papers] Nan Terrie, being duly sworn,

depose and say: I am over 18 years of age and am not a party to this case.

I reside at [your address] 2759 Webster Ave L69 Bronx NYC 10458 & Mailing At

On [date of service] Feb 27, 20013, at [time of day] 3:15 AM / PM, served a true copy of
the following papers: [identify papers served] I personal deliver it to the state attorney
Harlem 163 W. 125th Suite 1324 NYC 10027, in the following manner. [check box that applies]

☒ Personal
Service

By personally delivering the papers to [identify person served] I Nan Terrie
at [address] 163 W. 125th Suite 1324 NYC 10027

The individual I served had the following characteristics [check one box in each category]:

| | | | |
|---------------------------------|---|---|--|
| Sex | Height | Weight | Age |
| <input type="checkbox"/> Male | <input type="checkbox"/> Under 5' | <input type="checkbox"/> Under 100 lbs. | <input type="checkbox"/> 21 - 34 years |
| <input type="checkbox"/> Female | <input type="checkbox"/> 5'0" - 5'3" | <input type="checkbox"/> 100 - 130 lbs. | <input type="checkbox"/> 35 - 50 years |
| | <input checked="" type="checkbox"/> 5'4" - 5'8" | <input type="checkbox"/> 131 - 160 lbs. | <input type="checkbox"/> 51 - 65 years |
| | <input type="checkbox"/> 5'9" - 6'0" | <input type="checkbox"/> 161 - 200 lbs. | <input type="checkbox"/> Over 65 years |
| | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 lbs. | |

[describe]: Skin color Brown mix Hair color Golden Bronze

Other identifying features, if any [describe]:

☐ Mail

By mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last-known address of the addressee(s) indicated below:

☐ Overnight
Delivery
Service By depositing the same with an overnight delivery service in a wrapper properly addressed. Said delivery was made prior to the latest time designated by the overnight delivery service for overnight delivery. The delivery service used was [name of delivery service]

[Name(s) and address(es) of person(s) served by mail/overnight delivery] Far (212) 961-4000 phone (212) 961-4475

I Nan Terrie Brought those forms to
Att New York State Attorney General
Harlem Regional office. was receive/hand
to Gladice Ortiz on February 27 2013 @ 3:15 PM.

Sworn to before me this

day of FEB 28 2013

ANNA DONG

Notary Public, State of New York

Reg. No. 041006228919

Qualified in New York County

Commission Expires Sept. 27, 2014

[sign name before a Notary]

Nan Terrie

[print your name]

4-06

State of New York
Court of Claims

Nan Terrie

Claimant(s)

v.

The Court Police Officer
Officer Nore Brando 509 A her supervisor

Defendant(s)

Affidavit of Service

Claim No.

Assigned Judge:

111 Central St.

State of New York
County of

Nyc ss:

Nan Terrie being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on _____, 20____, I served a true copy of the attached Nan Terrie in the following manner:

(For a Claim):

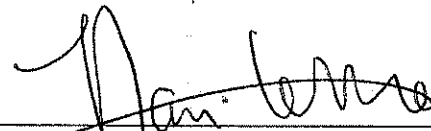
Claim form against Police officer

☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

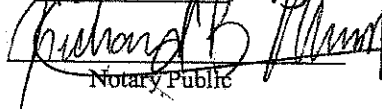
☐ OR
by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:


(Signature)

Sworn to before me this 25th day
of February, 2014


Notary Public

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04MI6147382
Qualified in New York County
Commission Expires June 5, 2014



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-M

Personal Injury Claim Form

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Last Name: Terrie
First Name: Nan
Relationship to the claimant: Self, working group members

Firm or Last Name: _____
Firm or First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____
Tax ID: _____
Phone #: _____
Email Address: _____

Claimant Information

*Last Name: Terrie
*First Name: Nan
Address: 2759 Webster Ave
Address 2: _____
City: Bronx
State: NY
Zip Code: 10458
Country: Bronx
Date of Birth: 4/18/1993 Format: MM/DD/YYYY
Soc. Sec. #: 512 962418
HICN: _____
(Medicare #) _____
Date of Death: _____ Format: MM/DD/YYYY
Phone: (701) 984-1993
Email Address: peagunard@yahoo.com
Occupation: Student
City Employee? ☐ Yes ☐ No ☒ NA
Gender ☐ Male ☐ Female ☒ Other not Conf business

City Agency(s) Involved

City Agency Involved 1: _____
City Agency Involved 2: _____
City Agency Involved 3: _____

2013 JAN 18 PM 4:05
RECEIVED
BUREAU OF INFORMATION SYSTEMS

Nan Terrie Sing The Court Police Officer
at 111 Centre St NYC for Violations of
my Constitutional Rights this Morning 1/17/2013
between 10AM - 11:45AM was violated

* Denotes required field(s).

Page 1 of 5



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

the time and place where the claim arose

Date of Incident: 11/7/2013 Format: MM/DD/YYYY

Time of Incident: 10:15 AM Format: HH:MM AM/PM

Location of Incident:

111 Centre St.
Housing Court

Address:

Address 2:

City:

State:

Borough:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

I was a witness to one of my working group member housing court hearing. I was late for court, when I arrived I waited in line to be called. When got there this lady by the name of Brando IDA, according to what her supervisor told me her name is, told me to sit at the table. IDA Brando asked me if I have any belt on. I told her I have my pants that I have a metal building belt on. She told me that I have to take your pants off. I look at her like she's crazy. I put my pants down on the table, then I walk thru the body scan machine. IDA ignored her and told her I don't want to be touch. She then told me to unzip at and I did then she touch me in my stomach. I pushed her hand away then I don't want to be touch. She pushing her evil hand search agenda at me. Then as I pointed to you can use that black thing that you used to scan but I don't want to be touch. She then grab my shirt to tell me to unbutton. I did then she hold the shirt in one side push it up exposed my body. When she did that I started raising my voice. I was been violate my constitution. I was taking away from me that time then out of nowhere those 2 white items of male walked and saw me pretty upset and one of them then told me I was looking at Schmuck many times. Her boss came and told me to pay my fine and start cursing. I told him you was in the corner I heard by touching me, then he told me well you was in the corner I heard everything. Told him you a liar that her boss start talking to me in a very disrespectful manner like I was a 2 year old. Told him stop talking to me like I'm an idiot. Then he told me to go to the court if I don't or return back to the court I would be arrested. There Hum. Tang was abused verbally and threat by both IDA and boss. I left called 311 and 311 gave me the # for the Inspector General. I called and left took the train to 26 Broadway @ Wall St. meet with De. J. Map Freedom was threatening.



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

| | | |
|---|---|--------------------|
| 1st Treatment Date: | 11/17/2013 | Format: MM/DD/YYYY |
| Hospital/Name: | | |
| Address: | | |
| Address 2: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| Date Treated in Emergency Room: | | Format: MM/DD/YYYY |
| Was claimant taken to hospital by an ambulance? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA | |

Employment Information (If claiming lost wages)

| | | |
|-----------------------|-------------------------|--|
| Employer's Name: | [Handwritten Signature] | |
| Address: | | |
| Address 2: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| Work Days Lost: | | |
| Amount Earned Weekly: | | |

Treating Physician Information

| | | |
|-------------|--|--|
| Last Name: | | |
| First Name: | | |
| Address: | | |
| Address 2: | | |
| City: | | |
| State: | | |
| Zip Code: | | |

* Denotes required field(s).



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 1000

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

N/A

Insurance Information

Insurance Company Name:
Address:
Address 2:
City:
State:
Zip Code:
Policy #:
Phone #:

N/A

Description of claimant:

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☒ Other

Non-City vehicle driver

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

N/A

Non-City vehicle information

Make, Model, Year of Vehicle:
Plate #:
VIN #:

N/A

City vehicle information

Plate #:
City Agency Involved:
City Driver Last Name:
City Driver First Name:

N/A

*Total Amount Claimed:

~~One Million~~ \$/billions

Format: Do not include "\$" or "B".

Money cannot
what I want it
by the state
Police after

Date

JAN 17 2013

State of New York
County of

I, Nasir, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of Claimant

Nasir

Sworn before me this day

JAN 17 2013

Signature of notary

Jasmine J. Vaden

*Denotes required field(s).

JASMINE J. VADEN
Notary Public, State of New York
Reg. No. 0114612201

State of New York
Court of Claims

DIN No. _____, Claimant,

Nan Terrie
v.

Affidavit in Support of Application
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York, Defendant.

*The Court Police Officer @ 111 Centre St,
after name. Barbara Baeher Supervisor*

State of New York

County of NYC ss:

I, Nan Terrie, being duly sworn, hereby declare as follows:

1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: _____), and I submit this affidavit to support my application for a reduction of the filing fee.

2) I currently receive income from the following sources, not including correctional facility wages:

3) I own the following valuable property (other than miscellaneous personal property):

☒ NONE

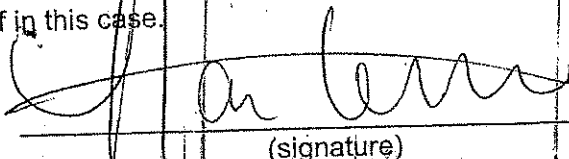
☐ List property:

Value:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4) I have no savings, property, assets or income other than as listed above.

- 5) I am unable to pay the filing fee necessary to prosecute this proceeding.
- 6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.
- 7) The facts of my case are described in my claim and other papers filed with the court.
- 8) I have made no other request for this relief in this case.


(signature)

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County
Commission Expires June 5, 2014

Sworn to before me this 25 day of Feb, 2013


Notary Public

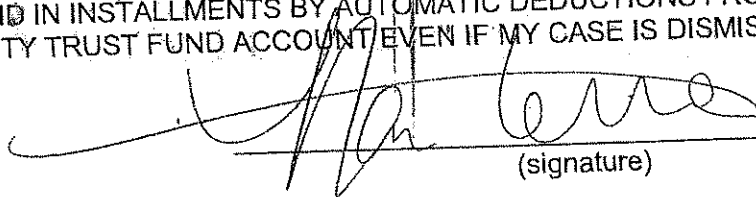
AUTHORIZATION

I, _____, inmate number _____, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.


(signature)

Here's the pictures
you requested, I mail
them out and am
dropping at 0 copy

2014 MAR 14 PM 3:56

STATE OF NEW YORK
ATTORNEY GENERAL
MANAGING CLERK'S OFFICE
RECEIVED

Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition or Subpoena. Print to fill in the spaces next to the instructions.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Nan Terrie _____ x

Index Number _____

[fill in names(s)] _____ Plaintiff(s)/Petitioner(s)

Landlord's Tenant Court
Police Officer @ 111 Centre St. Ave. New Brando IDA # 10458

AFFIDAVIT OF SERVICE
of INITIATING PAPERS

[fill in names(s)] _____ Defendant(s)/Respondent(s) _____ x

STATE OF NEW YORK
COUNTY OF NYC ss:

I, Nan Terrie, [name of person who served papers],

being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] 2759 Webster Av # L69, Bronx NYC 10458

On Feb 27, 20013 [date of service], at 3:15 AM/PM [time of day], I served the attached papers [identify papers served] I personally delivered those attached papers to the State Attorney General in Harlem at 163 W. 125th St. 13th NYC 100 on the defendant in this case. The address of the place where the papers were served is [location where papers served] 163 W. 125th St. 13th NYC 10027. State Attorney General in Harlem

I served the papers in the manner indicated below: [check box that applies]:

1) ☒ Individual

By delivering a true copy of each to the defendant personally. I knew the person served to be the person named in those papers because [How did you know defendant?] _____

_____ [Fill out description of defendant on page 2].

2) ☐ Corporation

_____ [name of business], a domestic corporation, by delivering a true copy of each to [Identify person served] _____ [Fill out description of person on page 2], who is [Identify his/her job title] _____

_____. I knew the corporation to be that listed in the papers served and I knew the title of person named above and that he/she was authorized to accept service.

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York
Court of Claims

Nor. Fernie

Claimant(s)

Claim

The Court Police Officer @ 111 Centre st NYC
Officer Name Brendo D. Aker
Supervisor

Defendant(s)

1. The post office address of the claimant (you) is 2759 Webster Ave
Bronx N.Y. 10458 10458

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

Please read
the attachments

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at 11:45 o'clock. Between 10:00

Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition or Subpoena. Print to fill in the spaces next to the instructions.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Nan Terrie _____ x

Index Number _____

[fill in names(s)] _____ Plaintiff(s)/Petitioner(s)

Landlord v. Tenant Court

[fill in names(s)] _____ Defendant(s)/Respondent(s)

Officer @ Centro St. Ave. Home

AFFIDAVIT OF SERVICE
of INITIATING PAPERS

STATE OF NEW YORK
COUNTY OF NYC

ss:

I, Nan Terrie, [name of person who served papers],

being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] 2759 Webster Ave # L69, Sunnyside NYC 10495

On Feb 27, 20013 [date of service], at 3:15 AM/PM [time of day], I served the attached papers [identify papers served] personally delivered to the State Attorney General in Manhattan at 163 W. 125th St. NYC 10027 on the defendant in this case. The address of the place where the papers were served is [location where papers served] 163 W. 125th St. (394 NYC 10027) State Attorney

I served the papers in the manner indicated below: [check box that applies]: in Manhattan

1) ☒ Individual

By delivering a true copy of each to the defendant personally. I knew the person served to be the person named in those papers because [How did you know defendant?] _____

_____ [Fill out description of defendant on page 2].

2) ☐ Corporation

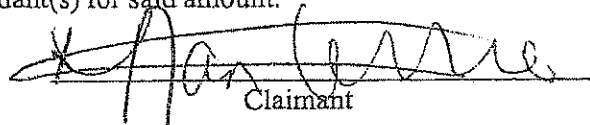
_____ [name of business], a domestic corporation, by delivering a true copy of each to [Identify person served] _____ [Fill out description of person on page 2], who is [identify his/her job title] _____. I knew the corporation to be that listed in the papers served and I knew the title of person named above and that he/she was authorized to accept service.

5. Identify the items of damage or injuries claimed to have been sustained:

6. (Check appropriate box):

- ☒ This Claim is served and filed within **90 days of accrual.**
OR
☐ A Notice of Intention to File a Claim was served on _____, which was within 90 days of accrual.
OR
☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within **120 days of the exhaustion of claimant's administrative remedies.**

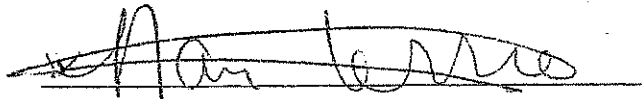
By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and Claimant demands judgment against the Defendant(s) for said amount.


Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF NY)

Nan Terrie, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.



Sworn to before me this ____ day
of _____, _____.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM

New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411

State of New York
Court of Claims

Nan Terrie Claimant(s)

Affidavit of Service

The Court Police Officer v. Officer Rose Brando 509 1st Supv
Claim No. 111 Center St
Assigned Judge:
Defendant(s)

State of New York
County of NYC ss:

Nan Terrie Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on Nan, 2014, I served a true copy of the attached Nan in the following manner:

(For a Claim): Claim form against Police officer

☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR

☐ by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Sworn to before me this 25th day
of February, 2014

Richard B. Minor
Notary Public

RICHARD B. MINOR
Notary Public: State of New York
Reg. No. 04M16147382
Qualified in New York County
Commission Expires June 5, 2014

Nan Terrie
(Signature)



Michael Aaronson
Chief, Bureau of Law and
Adjustment

015 - 151

THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

John C. Liu
COMPTROLLER

Date: 01/22/2013
Claim No: 2013PI002073
RE: Acknowledgment of Claim

NAN TERRIE
2759 WEBSTER AV APT L69
BRONX, NY 10456

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson

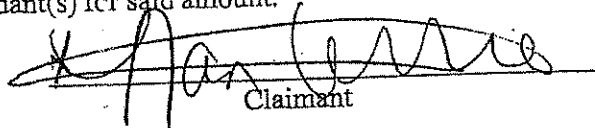
Bill Aaronson

5. Identify the items of damage or injuries claimed to have been sustained:

6. (Check appropriate box):

- ☒ This Claim is served and filed within 90 days of accrual.
OR
☐ A Notice of Intention to File a Claim was served on _____, which
was within 90 days of accrual.
OR
☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of
personal property and it is served and filed within 120 days of the exhaustion of
claimant's administrative remedies.

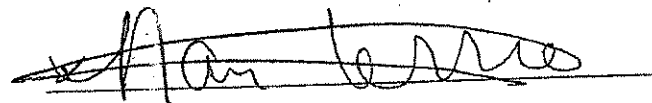
By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and
Claimant demands judgment against the Defendant(s) for said amount.


Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF NY)

Alan Terrie, being duly sworn, deposes and says that deponent is
the Claimant in the within action; that deponent has read the foregoing Claim and knows the
contents thereof; that the same is true to deponent's own knowledge, except as to matters therein
stated to be alleged upon information and belief, and that as to those matters, deponent believes it
to be true.



Sworn to before me this ____ day
of _____.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file
the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction
of the filing fee, with the Clerk of the Court of Claims.

**FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF
YOUR CLAIM**

New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411

State of New York
Court of Claims

Nan Terrie Claimant(s)
v.
The Court Police Officer Defendant(s)
Officer Rose Brando 509 Defendant(s)
Affidavit of Service
Claim No. 111 Central
Assigned Judge: Wife

State of New York
County of Nyc ss:

Nan Terrie Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on _____, 20____, I served a true copy of the attached Nan in the following manner:

(For a Claim): Claim form against Police off
☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

☐ OR
by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Sworn to before me this 25th day
of February 2014
Richard B. Minor
Notary Public

Nan Terrie
(Signature)
RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County



New York City Comptroller
John C. Liu

Office of the New

Form Version: N

Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

Terrence
Nan
Self & working group members

Claimant Information

*Last Name:

*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:
(Medicare #)

Date of Death:

Phone:

Email Address:

Occupation:

City Employee? ☐ Yes ☐ No ☒ NA

Gender

☐ Male ☐ Female ☒ Other☐ Attorney is filing.

Attorney Information (If claimant is represented)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

City Agency(s) Involved

City Agency Involved 1:

City Agency Involved 2:

City Agency Involved 3:

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if more
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I Nan Terrence suing the Court Po
at 111 Centre St NYC for Viola
my Constitutional rights this Me
between 10A - 11.45A we



New York City Comptroller
John C. Liu

Office of the New York City Comptrol
1 Centre Stre
New York, NY 100

The time and place where the claim arose

*Date of Incident: 11/17/2013 Format: MM/DD/YYYY
Time of Incident: Between 10:00 - 11:00 AM Format: HH:MM AM/PM

*Location of Incident:

111 Centre St.
Housing Court

Address:

Address 2:

City:

State:

Borough:

*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

I was a witness to one of my working group member housing court hearing. I was late for court, when I arrived I waited in line to be called. When got there the office by the name of Brando IDA, according to what her supervisor told me her name is, told me to get at the table. Brando asked me if I have anything on to tell her I have a now pant that I have a metal building belt on then she told me you have to take your pant off. I look at her like she's crazy. I put my pants down on the table, then I walk thru the body as I thought she and Brando to get-down hand searched me since she had told me she was going to search me. I told her I don't want to be touch. She then told me to un-zip my coat and jacket I did then she touch me in my stomach I pushed her away. I told her I don't want to be touch she pushing her evil hand search agenda at me but I don't want to be touch. She then grab my shirt to let me to unbutton my shirt, I did then she hold the shirt in one side push it up exposed my chest when she did that I started raising my voice, I was been violated my constitutional rights was taking away from me that time then out of nowhere Brando and I walked and saw me pretty upset and one of the body was with me. Schnitzman's boss came and told me to stop cursing and start cursing. I told him your worker just disrespect me by touching me then he told me, well you was in the corner. I then everything told him your a liar that her boss start talking to me in a very disrespectful manner like I was a 2 year old told me stop talking to me like I'm an adult. Brando then told me to go to the court if I don't or return back to the court I would be arrested there. Humiliating was abused verbally and threat by both IDA and boss. I left called 311 and 311 gave me the address for the Inspector General. I called and left took the train to the Bronx and then I took the train to the Bronx.

State of New York
Court of Claims

DIN No. _____, Claimant,

Nan Terrie
v.

Affidavit in Support of Application
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York, Police Officer @ 111 Centre St NY
Officer Name Brandon Bai, her Supervisor
Defendant.

State of New York

County of NYC) ss:

I, Nan Terrie, being duly sworn, hereby declare as follows:

1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: _____), and I submit this affidavit to support my application for a reduction of the filing fee.

2) I currently receive income from the following sources, not including correctional facility wages:

3) I own the following valuable property (other than miscellaneous personal property):

☒ NONE

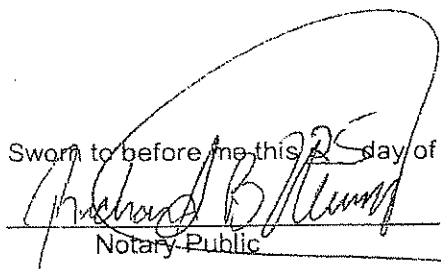
☐ List property:

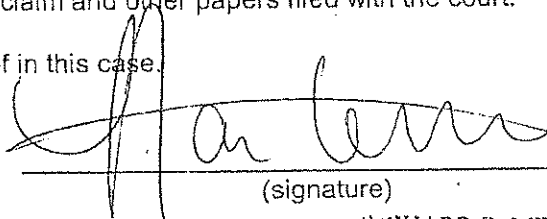
Value:

| | |
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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4) I have no savings, property, assets or income other than as listed above.

- 5) I am unable to pay the filing fee necessary to prosecute this proceeding.
- 6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.
- 7) The facts of my case are described in my claim and other papers filed with the court.
- 8) I have made no other request for this relief in this case.

Sworn to before me this 25 day of Feb., 2013

Notary Public


(signature)
RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County
Commission Expires June 5, 2014

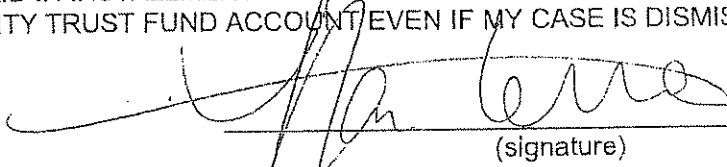
AUTHORIZATION

I, _____, inmate number _____, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.


(signature)

Office of the New York City Comp
1 Centre
New York, NY



New York City Comptroller
John C. Liu

Medical Information

1st Treatment Date: 1/17/2013 Format: MM/DD/YYYY

Hospital/Name: INSPECTION OFFICE

Address: GENERAL

Address 2:

City:

State:

Zip Code:

Date Treated in Emergency Room: 1/17/2013 Format: MM/DD/YYYY

Was claimant taken to hospital by an ambulance? ☐ Yes ☐ No ☐ NA

Employment Information (If claiming lost wages)

Employer's Name: INSPECTION OFFICE

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned Weekly:

Treating Physician Information

Last Name: N/A

First Name:

Address:

Address 2:

City:

State:

Zip Code:

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New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 1000

The time and place where the claim arose

*Date of Incident: 11/17/2013 Format: MM/DD/YYYY

Time of Incident: Between 10:00 AM - 11:00 AM Format: HH:MM AM/PM

*Location of Incident:

111 Centre St.
Housing Court

Address:

Address 2:

City:

State:

Borough:

*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

I was a witness to one of my walking group member housing court hearing. I was late for court, when I arrived I waited in line to be called. When got there the office by the name of Brando IDA, according to what her supervisor told me her name is, told me to sit at the table. IDA Brando asked me if I have any belt on told her I have in my pants that I have a metal building belt on then she told me you have to take your pants off. I look at her like she's crazy. I put my pants down on the table, then I walk thru the machine. I scan my ID and she told me to get down hand searched me. Since she had told me she would ignore her and told her I don't want to be touch. She then told me to un-zip my coat and jacket I did then she touch me in my stomach I pushed her hand away. I don't want to be touch she pushing her evil hand search agenda at me as I pointed to you can use that black thing that yeah used to be but I don't want to be touch she then grab my shirt to tell me to unbutton it. I did then she hold the shirt in one side push it up exposed my chest. When she did that I started raising my voice, I was been violated my constitutional rights. I was taking away from me that time then one of the other people who was walking with me saw me pretty upset and one of the other people was looking at me. My boss came and told me to stop and start cursing I told him you work for just disrespecting me by touching me then he told me well you was in the corner I was everything told him you're a liar that her boss start talking to me in a very disrespectful manner. I was a 2 year old told him stop talking to me like I'm an idiot. Hearing that he then told me to go to the court if I don't or return back to the court I would be arrested there. Humiliating was abused verbally and threat by both IDA and her boss. I left called 311 and 311 gave me the number for the Inspector General. I called and left the message to the Inspector General.

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

1st Treatment Date: 1/17/2013 Format: MM/DD/YYYY
Hospital/Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____
Date Treated in Emergency Room: _____ Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance? ☐ Yes ☐ No ☐ NA

Employment Information (If claiming lost wages)

Employer's Name: AT&T
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____
Work Days Lost: _____
Amount Earned Weekly: _____

Treating Physician Information

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

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New York City Comptroller
John C. Liu

1 Centre
New York, NY

Witness 1 Information

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

Witness 2 Information

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

Witness 3 Information

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

Witness 4 Information

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

Witness 5 Information

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

Witness 6 Information

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

* Denotes required field(s).

Page



New York City Comptroller
John C. Liu

Office of the New York City Co
1 Cen
New York, I

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

NA

Non-City vehicle driver

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

NA

Insurance Information

Insurance Company
Name:
Address
Address 2:
City:
State:
Zip Code:
Policy #:
Phone #:

NA

Non-City vehicle information

Make, Model, Year
of Vehicle:
Plate #:
VIN #:

NA

City vehicle information

Plate #:
City Agency
Involved:
City Driver Last
Name:
City Driver First
Name:

NA

Description of
claimant:

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☒ Other

*Total Amount
Claimed:

~~Over~~ Millions \$/billions

Format: Do not include "\$" or "M"

Money Can
What I can

Date

JAN 17 2013

Signature of Claimant

Police

State of New York
County of

I, Nasir, being duly sworn depose and say that I have read the foregoing
NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here
to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of
Claimant

Sworn before me this day

JAN 17 2013

Signature of Notary

*Denotes required field(s).

JASMINE J. VADEN
Notary Public, State of New York
Reg. No. 041VA613291

Page:

State of New York
Court of Claims

DIN No. _____, Claimant,

Nan Ferris
v.

Affidavit in Support of Application
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York,
the Court
Officer
Police Officer @ 111 Centre St NY
Police Officer
Defendant

Defendant.

State of New York

County of NYC

ss:

I, Nan Ferris, being duly sworn, hereby declare as follows:

1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: _____), and I submit this affidavit to support my application for a reduction of the filing fee.

2) I currently receive income from the following sources, not including correctional facility wages:

3) I own the following valuable property (other than miscellaneous personal property):

☒ NONE

☐ List property:

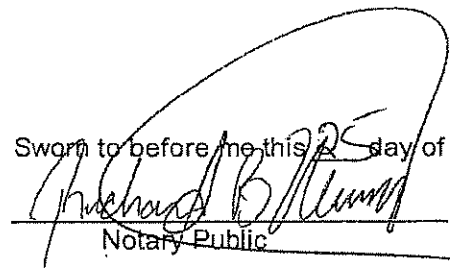
Value:

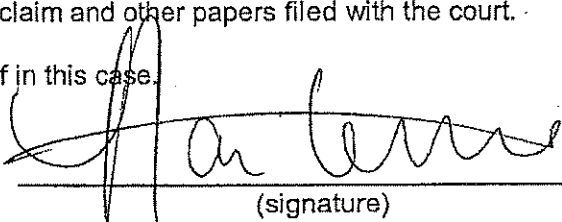
| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4) I have no savings, property, assets or income other than as listed above.

- 5) I am unable to pay the filing fee necessary to prosecute this proceeding.
- 6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.
- 7) The facts of my case are described in my claim and other papers filed with the court.
- 8) I have made no other request for this relief in this case.

Sworn to before me this 25 day of Feb, 2013


Notary Public


(signature)
RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County
Commission Expires June 5, 2014

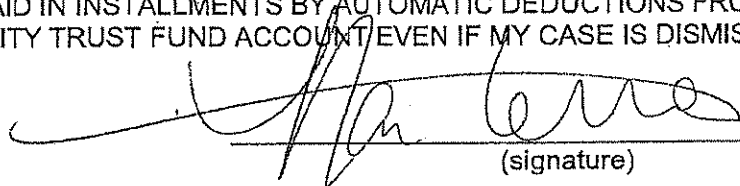
AUTHORIZATION

I, _____, inmate number _____, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.


(signature)

State of New York
Court of Claims

Nan Terrie Claimant(s)
v.
The Court Police Officers Claim No. 111 Center St
Officer Rose Brando Defendant(s) 509 1st St
Assigned Judge: Superior

State of New York
County of Nyc ss:
Nan Terrie

Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 25th, 2013, I served a true copy of the attached Nan in the following manner:

(For a Claim): Claim form against Police officer
☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR
☐ by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Nan Terrie
(Signature)

Sworn to before me this 25th day
of February, 2013
Richard B. Minor
Notary Public

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04MI6147382
Qualified in New York County

State of New York
Court of Claims

Nan Terrie Claimant(s)
v.
The Court Police Officer Claim No. @ 111 Central St
Officer Rose Brando Defendant(s) EOA her supervisor
Assigned Judge:

State of New York
County of Nyc

Nan Terrie Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on _____, 20____, I served a true copy of the attached Nan T in the following manner:

(For a Claim): Claim form against Police officer
☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR
☐ by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Nan Terrie
(Signature)

Sworn to before me this 25th day
of February, 2014
Richard B. Minor
Notary Public

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County

5. Identify the items of damage or injuries claimed to have been sustained:

6. (Check appropriate box):

- ☒ This Claim is served and filed within 90 days of accrual.
OR
☐ A Notice of Intention to File a Claim was served on _____, which was within 90 days of accrual.
OR
☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within 120 days of the exhaustion of claimant's administrative remedies.

By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and Claimant demands judgment against the Defendant(s) for said amount.

[Signature]
Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF NY

Alan Terrie, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.

[Signature]

Sworn to before me this 5 day
of November, 2013.

DeLores Green
Notary Public, State of New York

DELORES GREEN
Notary Public, State of New York
No. 31-4527811
Qualified in New York County
Commission Expires Aug. 31, 2014

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM

New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York
Court of Claims

Nor Terrie

Claimant(s)

the court police officer @ 111 Centre st nyc
officer Brendo D. A. Her
Supervisor

Claim

Defendant(s)

1. The post office address of the claimant (you) is 2759 Webster Ave #1
BRONX NYC 10458 10458

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

Please read
the attachments

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at 11:45 o'clock between 10:00

5. Identify the items of damage or injuries claimed to have been sustained:

6. (Check appropriate box):

- ☒ This Claim is served and filed within 90 days of accrual.
OR
☐ A Notice of Intention to File a Claim was served on _____, which
was within 90 days of accrual.
OR
☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of
personal property and it is served and filed within 120 days of the exhaustion of
claimant's administrative remedies.

By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and
Claimant demands judgment against the Defendant(s) for said amount.

[Signature]
Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF NY)

Nan Terrie, being duly sworn, deposes and says that deponent is
the Claimant in the within action; that deponent has read the foregoing Claim and knows the
contents thereof; that the same is true to deponent's own knowledge, except as to matters therein
stated to be alleged upon information and belief, and that as to those matters, deponent believes it
to be true.

[Signature]

Sworn to before me this ____ day
of _____.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file
the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction
of the filing fee, with the Clerk of the Court of Claims.

**FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF
YOUR CLAIM**

New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411

State of New York
Court of Claims

Nan Terrie

Claimant(s)

Affidavit of Service

The Court Police Officer v. Officer Steve Brando
Claim No. 111 Center St
Assigned Judge: in his superior
Defendant(s)

State of New York
County of NYC

Nan Terrie ss:

Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 20, I served a true copy of the attached Nan T in the following manner:

(For a Claim): Claim form against Police officer

☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

☐ OR
by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Nan Terrie
(Signature)

Sworn to before me this 25th day
of February, 2008

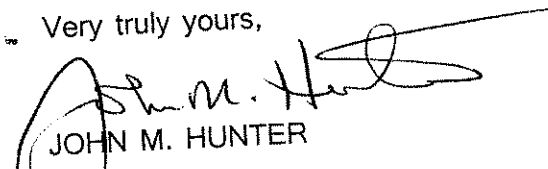
Richard B. Minor
Notary Public

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 0-16147382
Qualified in New York County
Commission Expires June 5, 2014

executed original transcript within sixty (60) days will permit its use for all purposes as though signed. This office will accept no corrections, additions or deletions to the testimony contained in the enclosed transcript after the expiration of the sixty (60) day period demanded herein without an order of the court directing same.

Thank you for your courtesy and cooperation in this matter.

Very truly yours,


JOHN M. HUNTER
Assistant Attorney General

JMH:mj

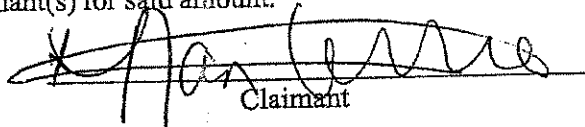
Enclosure

5. Identify the items of damage or injuries claimed to have been sustained:

6. (Check appropriate box):

- ☒ This Claim is served and filed within 90 days of accrual.
OR
☐ A Notice of Intention to File a Claim was served on _____, which
was within 90 days of accrual.
OR
☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of
personal property and it is served and filed within 120 days of the exhaustion of
claimant's administrative remedies.

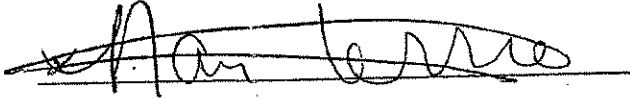
By reason of the foregoing, Claimant was damaged in the amount of \$ _____, and
Claimant demands judgment against the Defendant(s) for said amount.


Claimant

VERIFICATION

STATE OF NEW YORK) ss:
COUNTY OF NY)

Nan Terrie, being duly sworn, deposes and says that deponent is
the Claimant in the within action; that deponent has read the foregoing Claim and knows the
contents thereof; that the same is true to deponent's own knowledge, except as to matters therein
stated to be alleged upon information and belief, and that as to those matters, deponent believes it
to be true.



Sworn to before me this ____ day
of _____.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file
the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction
of the filing fee, with the Clerk of the Court of Claims.

**FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF
YOUR CLAIM**

New York State Court of Claims
Justice Building, P.O. Box 7344
Albany, New York 12224
(518) 432-3411

State of New York
Court of Claims

Nan Terrie Claimant(s)
v.
The Court Police Officer
Officer Rene Brando 509 1st Supv Defendant(s)

Affidavit of Service

Claim No.

Assigned Judge:

State of New York
County of NYC

Nan Terrie Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 25th, 2014, I served a true copy of the attached Nan Terrie in the following manner:

(For a Claim): Claim form against Police officer
☒ by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR

☐ by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

☐ by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Sworn to before me this 25th day
of February, 2014
Richard B. Minor
Notary Public

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04MI6147382
Qualified in New York County
Commission Expires June 5, 2014

Nan Terrie
(Signature)



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-P11-M

Personal Injury Claim Form

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Last Name: Terrie
First Name: Nan
Relationship to the claimant: Self & Working group members

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

Claimant Information

*Last Name:

*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:
(Medicare #)

Date of Death:

Phone:

Email Address:

Occupation:

City Employee? ☐ Yes ☐ No ☒ NA

Gender

☐ Male ☐ Female ☒ Other

City Agency(s) Involved

City Agency Involved 1:

City Agency Involved 2:

City Agency Involved 3:

I, Nan Terrie Sing the Court Police Officer at 111 Centre St NYC for Violations of my Constitutional Rights this Morning 1/17/2013 between 10AM - 11:45AM was violate

* Denotes required field(s).

Page 1 of 5

2013 JAN 18 PM 4:05



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

N/A

Non-City vehicle driver

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

N/A

Insurance Information

Insurance Company Name:
Address:
Address 2:
City:
State:
Zip Code:
Policy #:
Phone #:

N/A

Non-City vehicle information

Make, Model, Year of Vehicle:
Plate #:
VIN #:

N/A

City vehicle information

Plate #:
City Agency Involved:
City Driver Last Name:
City Driver First Name:

N/A

Description of claimant:

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☒ Other

*Total Amount Claimed:

~~200,000~~ 4.4 Million

Format: Do not include "\$" or "."

Money cannot
what I want?
by the
Police at

Date

JAN 17 2013

Signature of Claimant

State of New York
County of

I, Nancy Lurie, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of Claimant

Nancy Lurie

Sworn before me this day

JAN 17 2013

Signature of notary

Jasmine J. Vaden

*Denotes required field(s).

JASMINE J. VADEN
Notary Public, State of New York
Reg. No. 04VA6132291
Qualified to Notary

Page 5 of 5

3) Substituted
Service

By delivering a true copy of each to [Identify person served] _____ [Fill out description of person below] a person of suitable age and discretion, at the actual place of business, dwelling house, or usual place of abode in the state, and mailing, as indicated below.

Mailing
(Use with 3)

I also enclosed a copy of the above papers in a postpaid, sealed envelope properly addressed to defendant's last known residence or actual place of business, located at [address] _____ and I deposited the envelope in a post office depository under the exclusive care and custody of the United States Postal Service within New York State.

Description
(Use with 1, 2, or 3)

The individual I served had the following characteristics: [Check one box in each category]:

| <u>Sex</u> | <u>Height</u> | <u>Weight</u> | <u>Age</u> 1942 |
|--|---|--|--|
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Under 5' | <input type="checkbox"/> Under 100 lbs. | <input type="checkbox"/> 21 - 34 years |
| <input type="checkbox"/> Female | <input type="checkbox"/> 5'0" - 5'3" | <input checked="" type="checkbox"/> 100 - 130 lbs. | <input type="checkbox"/> 35 - 50 years |
| | <input checked="" type="checkbox"/> 5'4" - 5'8" | <input type="checkbox"/> 131 - 160 lbs. | <input type="checkbox"/> 51 - 61 years |
| | <input type="checkbox"/> 5'9" - 6'0" | <input type="checkbox"/> 161 - 200 lbs. | <input type="checkbox"/> Over 61 yrs. |
| | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 lbs. | |

Color of skin [describe]: Brown
 Color of hair [describe]: Golden Bronze
 Other identifying features, if any [describe]: It's me, myself and I.

Military
Service

I asked the person to whom I spoke whether the defendant was in the military of the United States or New York State in any capacity and was told that he/she was not. Defendant did not wear a military uniform. I state upon information and belief that the defendant is not in the military service of the United States or New York State. The basis for my belief is the conversation(s) and observation(s) described above.

Sworn to before me this _____ day of _____, 200____

[sign your name before a Notary]

Notary Public

[print your name]

Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition or Subpoena. Print to fill in the spaces next to the instructions.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Nan Terrie

Index Number

[fill in names(s)]

Plaintiff(s)/Petitioner(s)

- against -

Landlord v. Tenant Court
Police Officer @ 111 Centro St. Apts. New Brando ID# her Sup

AFFIDAVIT OF SERVICE
of INITIATING PAPERS

[fill in names(s)]

Defendant(s)/Respondent(s)

STATE OF NEW YORK
COUNTY OF NYC

ss:

I, Nan Terrie

[name of person who served papers],

being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address]

2759 Webster Av #269 Bronx NYC 104

On Feb 27, 20013

[date of service], at 3:15

AM/PM [time of day]

I served the

attached papers [identify papers served]

I personally delivered all those att
papers to the state attorney general in Harlem at 163 W. 125th St
on the defendant in this case. The address of the place where the papers were served is [location where

papers served]

163 W. 125th St

1394 NYC 10027

State Attorney ge

I served the papers in the manner indicated below: [check box that applies]:

in Harlem

1) ☐ Individual

By delivering a true copy of each to the defendant personally. I knew the person served to be the person named in those papers because [How did you know defendant?]

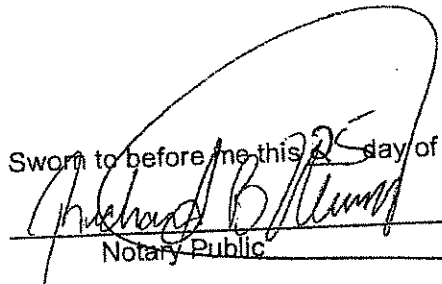
[Fill out description of defendant on page 2].

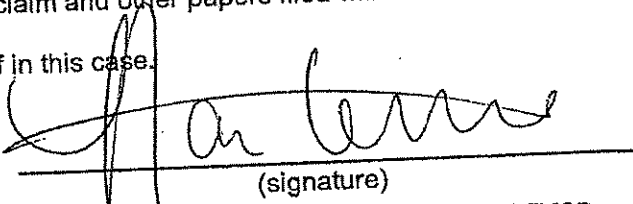
2) ☐ Corporation

[name of business], a domestic corporation, by delivering a true copy of each to [Identify person served] [Fill out description of person on page 2], who is [Identify his/her job title]

I knew the corporation to be that listed in the papers served and I knew the title of person named above and that he/she was authorized to accept service.

- 5) I am unable to pay the filing fee necessary to prosecute this proceeding.
- 6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.
- 7) The facts of my case are described in my claim and other papers filed with the court.
- 8) I have made no other request for this relief in this case.

Sworn to before me this 25 day of Feb, 2013

Notary Public


(signature)

RICHARD B. MINOR
Notary Public, State of New York
Reg. No. 04M16147382
Qualified in New York County
Commission Expires June 5, 2014

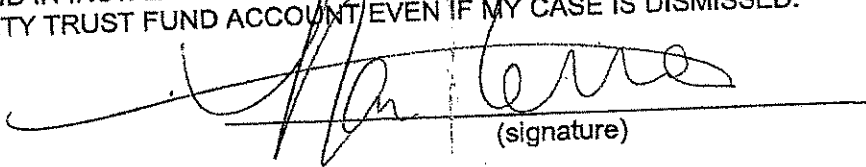
AUTHORIZATION

I, _____, inmate number _____, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.


(signature)

State of New York
Court of Claims

DIN No. _____, Claimant,

Nan Turner
v.

Affidavit in Support of Application
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York, Police Officer @ 111 Centre St NY
Officer Paul Brando Defendant his supervisor

State of New York)
County of NYC) ss:

I, Nan Turner, being duly sworn, hereby declare as follows:

1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: _____), and I submit this affidavit to support my application for a reduction of the filing fee.

2) I currently receive income from the following sources, not including correctional facility wages:

3) I own the following valuable property (other than miscellaneous personal property):

☒ NONE

☐ List property:

Value:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4) I have no savings, property, assets or income other than as listed above.

Since IDA Brando refused to OPR/OSR for the way
 she treated me today at 111 Centre St NYC, I am
 asking for this Court to granted me \$50 Millions
 dollars that i had requested from Court of
 Law on March 17, 2013 trial at 10 AM.
 i want Peace i Realize IDA Brando will not
 do right by herself, the Court the Compay that
 hire her, the systems she works for, i am
 force to do right by me. i was suffering, tort
 assault, Human rights, Abougnal Lang Constitutional
 treaties and so forth Justice as am as i stated
 in this page 1 also in the Court of Clans Court
 i want justice and since IDA Brando refused
 to do right, i am asking this Federal Court to
 grant me damage's, if federal Court refused
 i will then take this Case to the United
 Nation Court and the international Court i
 deserve justice \$50 Millions to nothing to
 me for what that Policy enforce IDA Brando
 did to me on January 17, 2013. The \$50 Millions
 facts as i stated on record today earlier.
 during March 17, 2014 trial it will be splits
 50 - 50: 50 will goes to heart associations
 50 will goes to the Breast Cancer associations
 that's spend every second of the day's Charges
 and pay lives that fact's ~~if~~ Can help lives
 and save lives in return i Can find peace
 within me knowing i was violate but through that
 others that's in need & lives are being saves
 that's my wishes for what i
 suffered and continue too it hurts but am asking
 for JUSTICE.

Dear, Judge.
 On January 17, 2013. between 10Am - 11:45Am.
 I was ~~attacked~~ Humiliated, Violate, Assault by a Court
 Housing Court policy enforcer IDA Brando at 111 Centre
 St NYC. March 17, 2014 I went to Court even though
 I won my case & the Judge Opposite for IDA Brando
 who refused to admitted her wrong - Ill evildoers
 Behavior what she done to Me on March, 17, 2013. indeed
 I am sick and tired as an Aboriginal indigenous
 being Violate over and over again inside my own Ancestor
 Land as an Aboriginal indigenous by this Europeans
 Systems & their Descendants, I Chose to
 bring this Case Here to federal Court because
 as a bloodline jus soli & jus sanguine individual
 with all Lawful rights to be here inside my Ancestors
 Lands and Occupied it whenever this Systems Violate
 the Lawful-Right Jus Soli and Jus sanguine
 Reason this Europeans Systems Must pay the penalty;
 For his Corporations Europeans Citizens workers. Today
 I won a war at ~~the~~ Court of Claim Court, yet I
 lose war because my beating is not complete: nothing
 can erase that Honkity-Honkity day ~~March~~ ^{January} 17 2013
 every ~~at~~ January 17, 2013 will be a torture day for
 me knowing in January 17, 2013 I was Abused, Violate,
 and Assault yet the policy enforcer Citizenship
 worker IDA Brando Refused to admit any wrong
 this Case is not about facts at all this Case
 is about my Lawful rights was Violate at 111 Centre
 St NY. By policy enforcer IDA Brando, I am asking
 and pleading for Federal Court Due right for once
 and bring true peace and justice, I have to live
 without that for the rest of My life.

①